

ISSUE SLIP STAPLE AREA (for additional cross references)



POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	sm		3/15/01
O.I.P.E. CLASSIFIER		43	3/20/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	CP	641665	5-15-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 -/- ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	02/25/01
2	02/25/01
3	02/25/01
4	02/25/01
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50	02/25/01

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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